

SB 205

SENATE JUDICIARY

EXHIBIT NO. 5

DATE 1/21/09

FILE NO. SB205

Judiciary Chairperson and Committee:

I have worked in Billings Clinic Emergency Department for the past 21 years. I wish I could say it was a rare occasion that myself or co-workers have been assaulted during that time. It's not. In thinking back over the past 12 months I can't recall how many times I've been hit, spit at, and had my hair pulled. I have had patients and their families throw things at me because they didn't get the prescriptions they wanted. Many of these "assailants" have nothing wrong with them aside from being intoxicated. They have either been seen passed out in public or have fallen in the bar and someone has called 911 for assistance. Generally by the time they get to the emergency department they are awake and have no desire to be there. Unfortunately, unless they have a sober friend or family who is willing to pick them up, we cannot let them leave for safety reasons. That's generally when the fight begins. It generally starts off with verbal threats and abusive language. As the rules are continued to be enforced the scene generally escalates to violence.

If I were a citizen visiting an establishment instead of a nurse in the Emergency Department I would have 3 choices in the above situation. I could defend myself, I could walk away, or I could let them walk away. In the role of nurse I can't defend myself – that's abuse. I can't walk away – that's neglect. I can't let them walk away – if they get injured because they are intoxicated I may be held liable.

Sadly, this is, more often than not, seen as the "norm" in my working environment. I've often heard new nurses being told by their preceptors that they should "expect (the violence), that's just the way it is in the Emergency Department." Equally of concern is the perception that Law Enforcement will stay there as long as is necessary. The Emergency Department is a proportionate reflection of what is going on in the community. Law Enforcement often has enough time to inform the staff of what they know about the patient and leave because they have 6 calls backed up. We do have Security, limited access, and routine safety searches. All of these interventions were initiated by the increased violence being experienced by the Emergency Department staff.

I do believe Senate Bill 205 will help. It gives health care providers another option. It also provided intervention for the patient through counseling in alcohol or medication abuse and/or anger management.

Thank you for this opportunity.



Respectfully submitted,

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Montana Nurses Association, President

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